

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		25	05-06-50
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	S A	ES96652	4-10-64

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
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Claim	Date
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Original	5 12 2 1
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Claim	Date
Final	12 3 01
Original	2 1
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If more than 150 claims or 10 actions  
staple additional sheet here

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